MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET		SERIAL NO.		FILING DATE	
		APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1														
2							51							
3							52							
4							53							
5							54							
6							55							
7							56							
8							57							
9							58							
10							59							
11							60							
12							61							
13							62							
14							63							
15							64							
16							65							
17							66							
18							67							
19							68							
20							69							
21							70							
22							71							
23							72							
24							73							
25							74							
26							75							
27							76							
28							77							
29							78							
30							79							
31							80							
32							81							
33							82							
34							83							
35							84							
36							85							
37							86							
38							87							
39							88							
40							89							
41							90							
42							91							
43							92							
44							93							
45							94							
46							95							
47							96							
48							97							
49							98							
50							99							
							100							
TOTAL IND.														
TOTAL DEP.							TOTAL IND.							
TOTAL CLAIMS							TOTAL DEP.							
							TOTAL CLAIMS							